STATEMENT OF ORGANIZATION		OFFICE USE ONLY 14	
1. Name and Address of Committee Clifton). Speurs,)r. for)udge Campaio, n Committee.	2. Date of this Statement New 22, 2014 3. Estimated Membership	5/0 4/19	, , , , , , , , , , , , , , , , , , ,
Check If: New Committee Monthly Filer	4. Amended Statement? YesNo	# 8689 9 # 1093	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5. All Committee Officers and Directors (including Chairperson, Treasurer a. Name b. Position Chairperson Tenanciae Mickeys Treasurer	urer, if any, and any other committee of c. Address 5903 West Australia Alexandria, LA71 101 Don Lane Pineulle La713	officers and directors)	
6. Affiliated Organizations (Any organization, other than a political committee, which directly of a. Name b. Address Address	r indirectly established, administers, o	r financially supports this committee.) c. <u>Relationship to Committee</u>	
7. All Depositories for Committee Funds (committee funds must be defunds.) a. Name Regious Bank 7. All Depositories for Committee Funds (committee funds must be defunds.) b. Address 7. Regious Bank 7. Regious Bank 7. Regious Bank 7. Regious Bank		ngs and loan institutions or money market mut	ual
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Committee	Check one: Principal Cam	paign CommitteeSubsidiary	
b. Name of Candidate Cition). Spells,).		c. Office Sought by the Candidate Tistrict Court) Udge	シ
9. a. Name of Person Preparing Report b. Daytime Telephone 9. a. Name of Person Preparing Report 9. a. Name of Person Preparing Report 9. a. Name of Person Preparing Report			
10. WE HEREBY CERTIFY that the information contained in this STAT and belief. This 21 h day of Signature of Committee Champerson	19.	and correct to the best of our knowledge, inform $8)54/-9670$ ytime Telephone Number	ation
Signature of Committee Treasurer, if any		8-730-7115 Lytime Telephone Number	